

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **September 16-30, 2003**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: HOME GARDEN COMMUNITY SERVICES DISTRICT		Organizational Unit	
Address (give city, county, State, and zip code): 11677 2nd Place Hanford, CA 93230		Name and telephone number of person to be contacted on matters involving this application (give area code) DANIEL M. FADENRECHT (559) 584-4449	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): []-[]-[]-[]-[]-[]-[]-[]		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; border: 1px solid black; padding: 2px; width: 30px; float: right;">G</div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) [] [] A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: USDA	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [10]-[7][6][0]		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Waterlines replacement	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Grant Rural Kings County, California		<div style="border: 2px solid black; padding: 10px; transform: rotate(-2deg);"> RECEIVED SEP 29 2003 STATE CLEARINGHOUSE </div>	
13. PROPOSED PROJECT			
14. CONGRESSIONAL DISTRICTS OF: 20th - CAL DOOLEY			
Start Date 10-1-03	Ending Date 12-31-03	a. Applicant HOME GARDEN COMMUNITY SERVICES DIST	
		b. Project Water Lines	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 183,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____	
b. Applicant	\$ 26,000	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 209,000	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative DANIEL M. FADENRECHT		b. Title Secretary	
c. Telephone Number (559) 584-4449		d. Date Signed 7-22-03	

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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Preapplication <input type="checkbox"/> Non-Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED September 29, 2003	Applicant Identifier R9 Tracking # 03-0492
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION Legal Name: Irvine Ranch Water District		Organizational Unit: Irvine Ranch Water District	
Address (give city, county, State, and zip code): 15600 Sand Canyon Avenue Irvine, CA 92618 County of Orange		Name and telephone number of person to be contacted on matters involving this application (give area code) John Hills (949) 453-5850	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 5 — 2 2 3 2 9 1 8 </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="text-align: right; border: 1px solid black; width: 20px; float: right; margin-top: -20px;">G</div> <div style="clear: both;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 48%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div>
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8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div>A. Increase Award</div> <div>B. Decrease Award</div> <div>C. Increase Duration</div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div>D. Decrease Duration</div> <div>Other (specify):</div> </div> <div style="text-align: center; margin-top: 10px;"> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> SEP 29 2003 </div> </div>	9. NAME OF FEDERAL AGENCY: EPA
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 6 6 — 6 0 6 </div> TITLE: Surveys, Studies, and Special Purpose Grants	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: San Diego Creek Watershed Natural Treatment System
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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Orange County (City of Irvine and portions of surrounding cities)	
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13. PROPOSED PROJECT Start Date Ending Date 11/30/03 12/31/10	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 48 b. Project 48, 40, 47
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15. ESTIMATED FUNDING: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">607,100⁰⁰</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">2,392,900⁰⁰</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">1,000,000⁰⁰</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">0⁰⁰</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">1,000,000⁰⁰</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">0⁰⁰</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">5,000,000⁰⁰</td> </tr> </table>	a. Federal	\$	607,100 ⁰⁰	b. Applicant	\$	2,392,900 ⁰⁰	c. State	\$	1,000,000 ⁰⁰	d. Local	\$	0 ⁰⁰	e. Other	\$	1,000,000 ⁰⁰	f. Program Income	\$	0 ⁰⁰	g. TOTAL	\$	5,000,000 ⁰⁰	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 09/30/03 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	607,100 ⁰⁰																				
b. Applicant	\$	2,392,900 ⁰⁰																				
c. State	\$	1,000,000 ⁰⁰																				
d. Local	\$	0 ⁰⁰																				
e. Other	\$	1,000,000 ⁰⁰																				
f. Program Income	\$	0 ⁰⁰																				
g. TOTAL	\$	5,000,000 ⁰⁰																				

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
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18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Type Name of Authorized Representative Paul Jones	b. Title General Manager	c. Telephone Number (949) 453-5310
d. Signature of Authorized Representative		e. Date Signed

Figure 1: SF-424

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Valley Economic Development Center, Inc.		Organizational Unit:	
Address (give city, county, State, and zip code): 5121 Van Nuys, Blvd., 3rd Floor Van Nuys, CA 91403		Name and telephone number of person to be contacted on matters involving this application (give area code): Roberto Barragan (818) 907-9977	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 3139419		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/> A. State <input type="checkbox"/> B. County <input type="checkbox"/> C. Municipal <input type="checkbox"/> D. Township <input type="checkbox"/> E. Interstate <input type="checkbox"/> F. Intermunicipal <input type="checkbox"/> G. Special District <input type="checkbox"/> H. Independent School Dist. <input type="checkbox"/> I. State Controlled Institution of Higher Learning <input type="checkbox"/> J. Private University <input type="checkbox"/> K. Indian Tribe <input type="checkbox"/> L. Individual <input type="checkbox"/> M. Profit Organization <input type="checkbox"/> N. Other (Specify) Non-Profit Corp.	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration Other(specify):		9. NAME OF FEDERAL AGENCY: Economic Development Administration (EDA)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11 - 300 TITLE: EDA- Public Works Grant		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Highland Park Professional Building	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Highland Park Area - City of Los Angeles, CA			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 9/03	Ending Date 9/04	a. Applicant CA 27th Dist.	b. Project CA 31st Dist.
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 1,000,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____	
b. Applicant	\$ 1,991,000.00	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$.00		
d. Local	\$.00		
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$ 2,991,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Roberto Barragan		b. Title President	
c. Telephone Number (818) 907-9977		e. Date Signed	

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APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 7/09/03		Applicant Identifier 03-429	
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: California Department of Fish and Game			Organizational Unit: Office of Spill Prevention and Response		
Address (give city, county, State, and zip code): 1416 9th Street Sacramento CA 95814			Name and telephone number of person to be contacted on matters involving this application (give area code): Carol Bernal (916) 323-4728		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567			7. TYPE OF APPLICANT: (enter appropriate letter in box) A		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):			A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-802 TITLE: Palos Verdes Shelf Non-Time Critical Removal Action Institutional Controls Program			9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Southern California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Institutional Controls at Palos Verdes Shelf Activities.		
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 7/01/03	Ending Date 6/30/06	a. Applicant District 5		b. Project District 37	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 68,579.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____			
b. Applicant	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
d. Local	\$.00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
e. Other	\$.00	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
f. Program Income	\$.00	a. Type Name of Authorized Representative Michael F. Harris		b. Title Deputy Director, Administration	
g. TOTAL	\$ 68,579.00	c. Telephone Number (916) 653-4633		d. Signature of Authorized Representative Doreen Hardy	
		e. Date Signed 7/14/03			

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APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED 7/09/03	Applicant Identifier 03-475
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: California Department of Fish and Game		Organizational Unit: Office of Spill Prevention and Response	
Address (give city, county, State, and zip code): 1416 9th Street Sacramento CA 95814		Name and telephone number of person to be contacted on matters involving this application (give area code): Carol Bernal (916) 323-4728	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567		7. TYPE OF APPLICANT: (enter appropriate letter in box) A	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-802		9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Southern California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Monitoring Pilot Cap Project at Palos Verdes Shelf	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 7/01/03	Ending Date 6/30/06	a. Applicant District 5	
15. ESTIMATED FUNDING:		b. Project District 37	
a. Federal	\$ 52,800.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
b. Applicant	\$.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
c. State	\$.00	DATE _____	
d. Local	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
e. Other	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
f. Program Income	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$ 52,800.00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Michael F. Harris		b. Title Deputy Director, Administration	
c. Telephone Number (916) 653-4633		e. Date Signed 7/19/03	
d. Signature of Authorized Representative <i>Michael F. Harris</i>			

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 4, 2003	Applicant Identifier Tulare County Fire Dept																					
		3. DATE RECEIVED BY STATE	State Application Identifier																					
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier																					
5. APPLICANT INFORMATION																								
Legal Name: Tulare County		Organizational Unit: Fire Department																						
Address (give city, county, State, and zip code): 1968 South Lovers Lane Visalia, Tulare, CA 93292		Name and telephone number of person to be contacted on matters involving this application (give area code) Mike Green (559) 757-3025																						
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 — 6 0 0 0 5 4 5 </div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) B																						
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____																						
		9. NAME OF FEDERAL AGENCY: USDA - US Department of Agriculture																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 0 — 7 6 6 </div> TITLE: Community Facilities Loans and Grants		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: C.H.A.S.E. - Communities Helped through ADA access and Safety of emergency Employees																						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Tulare County Communities: Tipton, Terra Bella, Richgrove, Cutler.		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> RECEIVED SEP 24 2003 STATE CLEARING HOUSE </div>																						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">13. PROPOSED PROJECT</td> <td colspan="2">14. CONGRESSIONAL DISTRICTS OF:</td> </tr> <tr> <td>Start Date 10/1/03</td> <td>Ending Date 9/30/04</td> <td colspan="2"> a. Applicant District 20 </td> </tr> <tr> <td colspan="2"></td> <td colspan="2"> b. Project District 20 </td> </tr> </table>				13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:		Start Date 10/1/03	Ending Date 9/30/04	a. Applicant District 20				b. Project District 20										
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:																						
Start Date 10/1/03	Ending Date 9/30/04	a. Applicant District 20																						
		b. Project District 20																						
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?																						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td style="text-align: right;">30,525⁰⁰</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">10,175⁰⁰</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">⁰⁰</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">⁰⁰</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">⁰⁰</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">⁰⁰</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">40,700⁰⁰</td> </tr> </table>		a. Federal	\$	30,525 ⁰⁰	b. Applicant	\$	10,175 ⁰⁰	c. State	\$	⁰⁰	d. Local	\$	⁰⁰	e. Other	\$	⁰⁰	f. Program Income	\$	⁰⁰	g. TOTAL	\$	40,700 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 06/04/03 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	30,525 ⁰⁰																						
b. Applicant	\$	10,175 ⁰⁰																						
c. State	\$	⁰⁰																						
d. Local	\$	⁰⁰																						
e. Other	\$	⁰⁰																						
f. Program Income	\$	⁰⁰																						
g. TOTAL	\$	40,700 ⁰⁰																						
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																						
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																								
a. Type Name of Authorized Representative David Hillman		b. Title Chief																						
c. Telephone Number (559) 732-5954		e. Date Signed June 4, 2003																						
d. Signature of Authorized Representative 																								

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APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED July 1, 2003	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:	Preapplication
Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction

5. APPLICANT INFORMATION

Legal Name: Tipton Community Services District	Organizational Unit: N/A
Address (give city, county, State, and zip code): P.O. Box 266, Tipton, CA 93272	Name and telephone number of person to be contacted on matters involving this application (give area code) Steven Hunt, Sr. 559-752-4182

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 4 — 1 5 2 5 3 8 6

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es)

☐ ☐

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other(specify):

7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State H. Independent School Dist. ☒ G
B. County I. State Controlled Institution of Higher Learning
C. Municipal J. Private University
D. Township K. Indian Tribe
E. Interstate L. Individual
F. Intermunicipal M. Profit Organization
G. Special District N. Other (Specify) _____

9. NAME OF FEDERAL AGENCY:

USDA Rural Utility Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1 0 — 7 6 3

TITLE: Emergency Community Water Assistance Grants

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

Community of Tipton

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

North Burnett Road Water Extension Project

RECEIVED

SEP 24 2003

STATE CLEARING HOUSE

13. PROPOSED PROJECT

Start Date
10/1/03

Ending Date
6/1/04

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant
21st- Nunes

b. Project

21st-Nunes

15. ESTIMATED FUNDING:

a. Federal	\$	329,720 ⁰⁰
b. Applicant	\$	⁰⁰
c. State	\$	⁰⁰
d. Local	\$	⁰⁰
e. Other	\$	⁰⁰
f. Program Income	\$	⁰⁰
g. TOTAL	\$	329,720 ⁰⁰

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE 07/01/03

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.

☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative Steven Hunt, Sr.	b. Title President	c. Telephone Number (559) 752-4182
d. Signature of Authorized Representative		e. Date Signed July 1, 2003

APPLICATION FOR
FEDERAL ASSISTANCE2. DATE SUBMITTED
September 23, 2003

Applicant Identifier

OMB Approval No. 0348-0043

SEP 24 2003

1. TYPE OF SUBMISSION:

Application

☐ Construction☒ Non-Construction

Preapplication

☐ Constructor☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

STATE CLEARING HOUSE

5. APPLICANT INFORMATION

Legal Name:

Regents of the University of California

Organizational Unit:

Environmental Horticulture

Address (give city, county, State, and zip code):

Sponsored Programs, 118 Everson Hall
University of California, Davis, CA 95615-8671 Yolo

Name and telephone number of person to be contacted on matters involving this application (give area code)

Technical: Dr. James Harding (530) 752-0349

Administrative: Kimberly Lamar (530) 752-6065

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94 6036494

7. TYPE OF APPLICANT: (enter appropriate letter in box)

I

8. TYPE OF APPLICATION:

☒ New☐ Continuation☐ Revision

If Revision, enter appropriate letter(s) in box(es)

□ □

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration Other(specify):

A. State

H. Independent School Dist.

B. County

I. State Controlled Institution of Higher Learning

C. Municipal

J. Private University

D. Township

K. Indian Tribe

E. Interstate

L. Individual

F. Intermunicipal

M. Profit Organization

G. Special District

N. Other (Specify)

9. NAME OF FEDERAL AGENCY:

US Forest Service, Northeastern Area

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

10 664

TITLE: MCTI/STRATUM Case Study

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

Unknown

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

This program will apply MCTI/STRATUM in a case study city to evaluate the effectiveness of software and training materials and produce a municipal forest benefit-cost analysis.

13. PROPOSED PROJECT

14. CONGRESSIONAL DISTRICTS OF:

Start Date

9/15/03

Ending Date

9/15/05

a. Applicant

1

b. Project

1

15. ESTIMATED FUNDING:

a. Federal	\$	55,000
b. Applicant	\$	30,462
c. State	\$	
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	85,462

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

☒ YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE 09/23/03

b. No. ☒ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes (attach explanation)☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative

Kimberly Lamar

b. Title

Contracts and Grants Analyst

c. Telephone Number

(530) 752-6065

d. Signature of Authorized Representative

e. Date Signed

9-23-03

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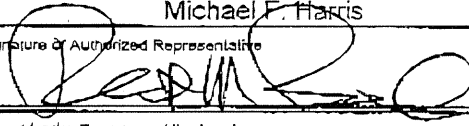
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APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

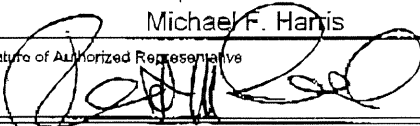
1. TYPE OF SUBMISSION: <u>Application</u> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Pre-application Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED September 17, 2003		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier F-108-B Amendment #1	
5. APPLICANT INFORMATION					
Legal Name: STATE OF CALIFORNIA			Organizational Unit: Department of Fish and Game		
Address (give city, county, state and zip code): CA Department of Fish & Game Fisheries Programs Branch 1812 Ninth Street Sacramento, CA 95814			Name and telephone number of the person to be contacted on matters involving this application (give area code): Carolyn Murata (916) 445-3559		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567			7. TYPE OF APPLICANT: (enter appropriate letter): A		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify):			A. State H. Independent School Dist. B. County I. State Controlled Instruction of Higher Learning C. Municipal J. Private University D. Township L. Individual E. Interstate M. Profit Organization F. Intermunicipal N. Other (Specify) G. Special District		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-605 TITLE: Sport Fish Restoration Act			9. NAME OF FEDERAL AGENCY: U.S. Department of the Interior U.S. Fish and Wildlife Service		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Sacramento County			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Motorboat Access Enhancement Project for the City of Isleton Public Access, Isleton. Request for agreement period extension. No changes in funding.		
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 3/15/2002	Ending Date 11/1/2004	a. Applicant 3		b. Project 3	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$494,534.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: Date: Sept. 22, 2003			
b. Applicant		b. NO. _____ PROGRAM IS NOT COVERED BY E.O. 12372 _____ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$164,845.00	17. IS THE APPLICATION DELINQUENT ON ANY FEDERAL DEBT? ____ Yes If "Yes", attach an explanation <input checked="" type="checkbox"/> No			
d. Local					
e. Other					
f. Program Income					
g. TOTAL	\$659,379.00				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative Michael F. Harris		b. Title: Deputy Director, Admin.		c. Telephone Number (916) 653-4633	
d. Signature of Authorized Representative 		e. Date Signed 9/18/03			
Approved for the Secretary of the Interior Signature		Title:		Date	

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APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <u>Application</u> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Pre-application Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED September 17, 2003		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier F-107-B Amendment #1	
5. APPLICANT INFORMATION					
Legal Name: STATE OF CALIFORNIA			Organizational Unit: Department of Fish and Game		
Address (give city, county, state and zip code): CA Department of Fish & Game Fisheries Programs Branch 1812 Ninth Street Sacramento, CA 95814			Name and telephone number of the person to be contacted on matters involving this application (give area code): Carolyn Murata (916) 445-3559		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567			7. TYPE OF APPLICANT; (enter appropriate letter): A A. State H. Independent School Dist. B. County I. State Controlled Instruction of Higher Learning C. Municipal J. Private University D. Township L. Individual E. Interstate M. Profit Organization F. Intermunicipal N. Other (Specify) G. Special District		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify):			9. NAME OF FEDERAL AGENCY: U.S. Department of the Interior U.S. Fish and Wildlife Service		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-605 TITLE: Sport Fish Restoration Act			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Motorboat Access Enhancement Project for the West Ninth Street Boat Launching Facility. Request for agreement period extension. No changes in funding.		
12. /AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Solano County					
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 7/16/2001	Ending Date 12/31/2004	a. Applicant 3		b. Project 7	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$327,228.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: Date: <u>Sept. 22, 2003</u>			
b. Applicant		b. NO. _____ PROGRAM IS NOT COVERED BY E.O. 12372 _____ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$109,076.00	17. IS THE APPLICATION DELINQUENT ON ANY FEDERAL DEBT?			
d. Local		____ Yes If "Yes", attach an explanation <input checked="" type="checkbox"/> No			
e. Other					
f. Program Income					
g. TOTAL	\$436,304.00				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative Michael F. Harris		b. Title: Deputy Director, Admin.		c. Telephone Number (916) 653-4633	
d. Signature of Authorized Representative 		e. Date Signed 9/18/03			
Approved for the Secretary of the Interior Signature		Title:		Date	

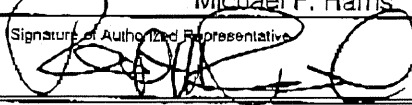
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APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <u>Application</u> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED September 17, 2003		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier F-104-B Amendment #3	
5. APPLICANT INFORMATION					
Legal Name: STATE OF CALIFORNIA			Organizational Unit: Department of Fish and Game		
Address (give city, county, state and zip code): Dept. of Fish & Game - Fisheries Programs Branch 1812 Ninth Street Sacramento, CA 95814			Name and telephone number of the person to be contacted on matters involving this application (give area code): Carolyn Murata (916) 445-3559		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567			7. TYPE OF APPLICANT: (enter appropriate letter: <u>A</u>): A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Instruction of Higher Learning J. Private University L. Individual M. Profit Organization N. Other (Specify)		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation If Revision, enter appropriate letter(s) in box(es): <input checked="" type="checkbox"/> C <input type="checkbox"/> Revision <input type="checkbox"/> Other					
9. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-605 TITLE: Sport Fish Restoration Act			9. NAME OF FEDERAL AGENCY: U.S. Department of the Interior U.S. Fish and Wildlife Service		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Shasta County			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Amendment #3 - Motorboat Access Enhancement Project for Turtle Bay Boat Ramp. Request for agreement period extension. No changes in funding.		
13. PROPOSED PROJECT:			14. CONGRESSIONAL DISTRICTS OF:		
Start Date 12/14/2000		Ending Date 12/31/2004		a. Applicant 3	
15. ESTIMATED FUNDING:				b. Project 2	
a. Federal	\$209,085.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: Date: <u>Sept. 22, 2003</u> b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
b. Applicant					
c. State	\$69,695.00				
d. Local					
e. Other		17. IS THE APPLICATION DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", attach an explanation			
f. Program Income					
g. TOTAL	\$278,780.00				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
b. Typed Name of Authorized Representative Michael F. Harris			d. Title: Deputy Director, Admin.		c. Telephone Number (916) 653-4633
d. Signature of Authorized Representative 			e. Date Signed 9/18/03		
Approved for the Secretary of the Interior Signature			Title:		Date

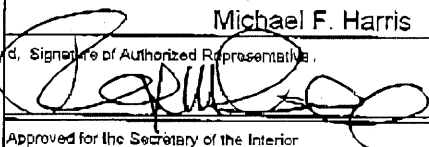
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OMB Approval No. 0340-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <u>Application</u> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Pre-application Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED September 17, 2003		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier F-101-B Amendment #4	
5. APPLICANT INFORMATION					
Legal Name: STATE OF CALIFORNIA			Organizational Unit: Department of Fish and Game		
Address (give city, county, state and zip code): CA Department of Fish & Game Fisheries Programs Branch 1812 Ninth Street Sacramento, CA 95814			Name and telephone number of the person to be contacted on matters involving this application (give area code): Carolyn Murata (916) 445-3559		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567			7. TYPE OF APPLICANT: (enter appropriate letter): A A. State H. Independent School Dist. B. County I. State Controlled Instruction of Higher Learning C. Municipal J. Private University D. Township L. Individual E. Interstate M. Profit Organization F. Intermunicipal N. Other (Specify) G. Special District		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input checked="" type="checkbox"/> C <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify):					
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-605 TITLE: Sport Fish Restoration Act			9. NAME OF FEDERAL AGENCY: U.S. Department of the Interior U.S. Fish and Wildlife Service		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Shasta County			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Amendment # 4 to Motorboat Access Enhancement Project for Lake Redding Fishing Access. Request for agreement period extension. No changes in funding.		
13. PROPOSED PROJECT: Start Date: 04/01/00 Ending Date: 12/31/04		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project 2			
15. ESTIMATED FUNDING: a. Federal \$253,950.00 b. Applicant c. State \$84,650.00 d. Local e. Other f. Program Income g. TOTAL \$338,600.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: Date: Sept. 17, 2003 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
		17. IS THE APPLICATION DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes", attach an explanation <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative Michael F. Harris		b. Title: Deputy Director, Admin.		c. Telephone Number (916) 653-4633	
d. Signature of Authorized Representative 		e. Date Signed 9/14/03			
Approved for the Secretary of the Interior Signature		Title:		Date:	

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APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED		Applicant Identifier									
<u>Application</u> <input checked="" type="checkbox"/> Construction		September 17, 2003											
<input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier									
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier									
				F-97-B Amendment #1									
B. APPLICANT INFORMATION													
Legal Name: STATE OF CALIFORNIA			Organizational Unit:										
Address (give city, county, state and zip code):			Department of Fish and Game										
CA Department of Fish & Game Fisheries Programs Branch 1812 Ninth Street Sacramento, CA 95814			Name and telephone number of the person to be contacted on matters involving this application (give area code):										
			Carolyn Murata (916) 445-3559										
5. EMPLOYER IDENTIFICATION NUMBER (EIN):			7. TYPE OF APPLICANT: (enter appropriate letter):										
94-1697567			A										
B. TYPE OF APPLICATION:			A. State										
<input type="checkbox"/> New			H. Independent School Dist.										
<input checked="" type="checkbox"/> Continuation			I. State Controlled Instruction										
<input type="checkbox"/> Revision			J. Private University										
If Revision, enter appropriate letter(s) in box(es):			K. Individual										
<input checked="" type="checkbox"/> C			L. Profit Organization										
A. Increase Award			M. Other (Specify)										
B. Decrease Award													
C. Increase Duration													
D. Decrease Duration													
E. Other (specify):													
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:			9. NAME OF FEDERAL AGENCY:										
15-605			U.S. Department of the Interior										
TITLE: Sport Fish Restoration Act			U.S. Fish and Wildlife Service										
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:										
San Luis Obispo			Amendment #1 to Motorboat Access Enhancement Project for Lake Nacimiento South Shore Public Access. Requesting an extension due to delays in construction. No change in costs.										
13. PROPOSED PROJECT:			14. CONGRESSIONAL DISTRICTS OF:										
<table border="1"> <tr> <td>Start Date</td> <td>Ending Date</td> </tr> <tr> <td>10/01/01</td> <td>11/01/04</td> </tr> </table>			Start Date	Ending Date	10/01/01	11/01/04	<table border="1"> <tr> <td>a. Applicant</td> <td>b. Project</td> </tr> <tr> <td>3</td> <td>22</td> </tr> </table>			a. Applicant	b. Project	3	22
Start Date	Ending Date												
10/01/01	11/01/04												
a. Applicant	b. Project												
3	22												
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?										
a. Federal \$1,765,362.00			a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:										
b. Applicant			Date: Sept. 22, 2003										
c. State \$588,454.00			b. NO. PROGRAM IS NOT COVERED BY E.O. 12372										
d. Local			OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW										
e. Other			17. IS THE APPLICATION DELINQUENT ON ANY FEDERAL DEBT?										
f. Program Income			Yes If "Yes", attach an explanation										
g. TOTAL \$2,353,816.00			X No										
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.													
a. Typed Name of Authorized Representative		b. Title:		c. Telephone Number									
Michael F. Harris		Deputy Director, Admin.		(916) 653-4633									
d. Signature of Authorized Representative				e. Date Signed									
				9/18/03									
Approved for the Secretary of the Interior		Title:		Date									
Signature													

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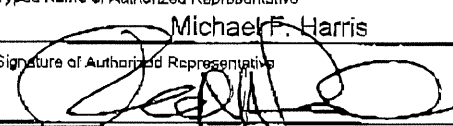
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APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0049

1. TYPE OF SUBMISSION: <input checked="" type="checkbox"/> <u>Application</u> <input type="checkbox"/> <u>Pre-application</u> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED September 17, 2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier F-95-B Amendment #4
5. APPLICANT INFORMATION			
Legal Name: STATE OF CALIFORNIA		Organizational Unit: Department of Fish and Game	
Address (give city, county, state and zip code): CA Department of Fish & Game Fisheries Programs Branch 1812 Ninth Street Sacramento, CA 95814		Name and telephone number of the person to be contacted on matters involving this application (give area code): Carolyn Murata (916) 445-3559	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567		7. TYPE OF APPLICANT; (enter appropriate letter): A A. State H. Independent School Dist. B. County I. State Controlled Instruction C. Municipal of Higher Learning D. Township J. Private University E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input checked="" type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify):			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-605 TITLE: Sport Fish Restoration Act		9. NAME OF FEDERAL AGENCY: U.S. Department of the Interior U.S. Fish and Wildlife Service	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Santa Clara County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Amendment #4 to Motorboat Access Enhancement Project for Anderson Lake Boat Launching Facility. Requesting an extension to accommodate project construction. No change in costs.	
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 12/03/98	Ending Date 06/30/04	a. Applicant 3	b. Project 16
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$2,303,250.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: Date: Sept. 22, 2003	
b. Applicant		b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$767,750.00	17. IS THE APPLICATION DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes", attach an explanation <input checked="" type="checkbox"/> No	
d. Local			
e. Other			
f. Program Income			
g. TOTAL	\$3,071,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Michael F. Harris		b. Title: Deputy Director, Admin.	c. Telephone Number (916) 653-4633
d. Signature of Authorized Representative 		e. Date Signed 9/17/03	
Approved for the Secretary of the Interior Signature		Title:	Date:

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Standard Form 424 (REV 4-88)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:

☐ Application ☐ Pre-application
☐ Construction ☐ Construction
☒ Non-Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: **STATE OF CALIFORNIA**
 Address (give city, county, state and zip code):
Dept. of Fish & Game - Fisheries Programs Branch
1812 Ninth Street
Sacramento, CA 95814

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94-1697567

8. TYPE OF APPLICATION:

☐ New ☐ Continuation ☒ Revision
 (If Revision, enter appropriate letter(s) in box(es):
☒ B ☐
 A. Increase Award B. Decrease Award
 C. Increase Duration D. Decrease Duration
 E. Other (specify):

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

15-605

TITLE: **Sport Fish Restoration Act**

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

Statewide

2. DATE SUBMITTED

September 11, 2003

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

F-4-D

Am. #22

Organizational Unit:

Department of Fish and Game

Name and telephone number of the person to be contacted on matters involving this application (give area code):

Carolyn Murata (916) 445-3559

7. TYPE OF APPLICANT: (enter appropriate letter: A):

A. State H. Independent School Dist.
 B. County I. State Controlled Instruction
 C. Municipal or Higher Learning
 D. Township J. Private University
 E. Interstate L. Individual
 F. Intermunicipal M. Profit Organization
 G. Special District N. Other (Specify)

9. NAME OF FEDERAL AGENCY:

U.S. Department of the Interior
U.S. Fish and Wildlife Service

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Stream and Lake Improvement

Amendment #22 redirects Project #10 to new SFRA
 grant #F-114-D: Fish Hatchery Operations. Also slight
 change to titles for Projects 6 & 8.
 This grant's 5-year proposal will be reduced.

13. PROPOSED PROJECT:

Start Date	Ending Date
07/01/99	06/30/04
15. ESTIMATED FUNDING:	
a. Federal	(\$4,019,250)
b. Applicant	
c. State	(\$1,339,750)
d. Local	
e. Other	
f. Program Income	
g. TOTAL	(\$5,359,000)

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

3

b. Project

1

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE
 STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

Date: Sept. 22, 2003

b. NO. _____ PROGRAM IS NOT COVERED BY E.O. 12372
 _____ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICATION DELINQUENT ON ANY FEDERAL DEBT?

____ Yes If "Yes", attach an explanation

☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative

Michael F. Harris

b. Title:

Deputy Director, Admin.

c. Telephone Number

(916) 653-4633

d. Signature of Authorized Representative

e. Date Signed

9/16/03

Approved for the Secretary of the Interior

Title:

Date

Signature

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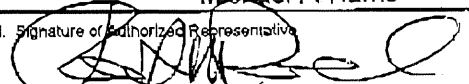
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Standard Form 424 (REV 4-88)

Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Application Construction <input type="checkbox"/> Pre-application Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		September 11, 2003	
5. APPLICANT INFORMATION		3. DATE RECEIVED BY STATE	State Application Identifier
Legal Name: STATE OF CALIFORNIA Address (give city, county, state and zip code): Dept. of Fish & Game - Fisheries Programs Branch 1812 Ninth Street Sacramento, CA 95814		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier F-114-D
Organizational Unit: Department of Fish and Game Name and telephone number of the person to be contacted on matters involving this application (give area code): Carolyn Murata (916) 445-3559		7. TYPE OF APPLICANT: (enter appropriate letter, A):	
B. EMPLOYER IDENTIFICATION NUMBER (EIN) 94-1697567		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University L. Individual M. Profit Organization N. Other (Specify)	
B. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> Revision A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify):		8. NAME OF FEDERAL AGENCY: U.S. Department of the Interior U.S. Fish and Wildlife Service	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-605 TITLE: Sport Fish Restoration Act		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Fish Hatchery Operations Old Project #10 from SFRA Grant F-4-D was amended (#21) out and revised to include additional new projects in this new grant. Net changes in cost between both grants = \$0. Revised project statements attached.	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Statewide		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project 1	
13. PROPOSED PROJECT: Start Date 07/01/99 Ending Date 06/30/04		15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: Date: Sept. 22, 2003 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING: a. Federal \$4,019,250 b. Applicant c. State \$1,339,750 d. Local e. Other f. Program Income g. TOTAL \$5,359,000		17. IS THE APPLICATION DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes", attach an explanation <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Michael F. Harris		b. Title: Deputy Director, Admin.	
c. Telephone Number (916) 653-4633		d. Signature of Authorized Representative 	
e. Date Signed 9/16/03		f. Approved for the Secretary of the Interior Signature	
Title:		Date	

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Standard Form 424 (REV 4-89)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED September 15, 2003		Applicant Identifier	
3. DATE RECEIVED BY STATE		State Application Identifier			
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier			

5. APPLICANT INFORMATION

Legal Name: Alpaugh Joint Powers Authority	Organizational Unit: N/A
Address (give city, county, State, and zip code): P.O. Box 262 Alpaugh, CA 93201	Name and telephone number of person to be contacted on matters involving this application (give area code) Paul Boyer, Self-Help Enterprises (559) 651-1000 ext. 681

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

0	3	—	0	5	1	6	5	1	3
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7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District	H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____
---	--

G

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision
 If Revision, enter appropriate letter(s) in box(es) ☐ ☐
 A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other(specify): _____

9. NAME OF FEDERAL AGENCY:
 U.S.D.A. Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1	0	—	7	6	0
---	---	---	---	---	---

TITLE: Water & Waste Disposal Systems for Rural Comm.

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Alpaugh Water System Rehabilitation Project. Drill new well. Install water treatment, storage, and pressure facilities. Replace portions of water-distribution system.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 Town of Alpaugh and surrounding area, Tulare County, California.

13. PROPOSED PROJECT Start Date Ending Date	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 20th - Devin Nunes
b. Project 20th- Devin Nunes	

15. ESTIMATED FUNDING:

a. Federal	\$	1,933,000 ⁰⁰
b. Applicant	\$	00 ⁰⁰
c. State	\$	2,100,000 ⁰⁰
d. Local	\$	00 ⁰⁰
e. Other	\$	00 ⁰⁰
f. Program Income	\$	00 ⁰⁰
g. TOTAL	\$	4,033,000 ⁰⁰

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE _____
 b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
 ☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative Rick Sroka	b. Title Chairman	c. Telephone Number (559) 949-8199
d. Signature of Authorized Representative <i>Richard Sroka</i>		e. Date Signed 9-12-03

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION

Legal Name: Mendocino Community Health Clinic, Inc. Address (give city, county, state, and zip code): 333 Laws Avenue Ukiah, Mendocino County, California, 95482	Organizational Unit: Name and telephone number of person to be contacted on matters involving this application (give area code)
---	---

6. EMPLOYER IDENTIFICATION (EIN): <div style="border: 1px solid black; display: inline-block; padding: 2px;">6</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">8</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">-</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">0</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">2</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">5</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">9</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">0</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">4</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">5</div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non profit FOHC</u> </div> </div>
---	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in <div style="border: 1px solid black; display: inline-block; width: 20px; height: 15px; vertical-align: middle;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 15px; vertical-align: middle;"></div> A. Increase Award B. Decrease Award c. Increase Duration D. Decrease Duration Other (specify): _____	9. NAME OF FEDERAL AGENCY: USDA Rural Development
--	---

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; display: inline-block; padding: 2px;">1</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">0</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">-</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">7</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">6</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">6</div> TITLE: Community Health Center 330	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Acquisition of Willits clinic facility Willits, California
---	---

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.) Willits and Laytonville, Mendocino California	13. PROPOSED PROJECT <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Start Date</th> <th>Ending Date</th> </tr> <tr> <td>9/11/03</td> <td>9/11/03</td> </tr> </table>	Start Date	Ending Date	9/11/03	9/11/03
Start Date	Ending Date				
9/11/03	9/11/03				

14. CONGRESSIONAL DISTRICTS OF: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>a. Applicant</th> <th>b. Project</th> </tr> <tr> <td>1</td> <td>1</td> </tr> </table>	a. Applicant	b. Project	1	1	15. ESTIMATED FUNDING <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th></th> </tr> <tr> <td>a. Federal</td> <td>\$ 1,605,986</td> </tr> <tr> <td>b. Applicant</td> <td>\$ 86,600</td> </tr> <tr> <td>c. State</td> <td>\$</td> </tr> <tr> <td>d. Local</td> <td>\$</td> </tr> <tr> <td>e. Other</td> <td>\$</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> </tr> <tr> <td>g. Total</td> <td>\$ 1,692,586 0.00</td> </tr> </table>			a. Federal	\$ 1,605,986	b. Applicant	\$ 86,600	c. State	\$	d. Local	\$	e. Other	\$	f. Program Income	\$	g. Total	\$ 1,692,586 0.00
a. Applicant	b. Project																				
1	1																				
a. Federal	\$ 1,605,986																				
b. Applicant	\$ 86,600																				
c. State	\$																				
d. Local	\$																				
e. Other	\$																				
f. Program Income	\$																				
g. Total	\$ 1,692,586 0.00																				

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE _____
 b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ YES (Attach explanation) ☒ NO

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative Diane L. Clatty	b. Title CFO/VP Finance	c. Telephone Number 707 472-4574
d. Signature of Authorized Representative 	e. Date Signed 9/11/03	

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STANDARD FORM 424 (REV. 4-92)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED September 18, 2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier R9 # 03-453

5. APPLICANT INFORMATION																													
Legal Name: Hi-Desert Water District	Organizational Unit:																												
Address (give city, county, State, and zip code): 55439 29 Palms Hwy Yucca Valley, CA 92284	Name and telephone number of person to be contacted on matters involving this application (give area code) Pat Grady, (760) 365-8333																												
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-2303211	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; border: 1px solid black; padding: 2px; width: 30px; float: right;">G</div>																												
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____	9. NAME OF FEDERAL AGENCY: Environmental Protection Agency																												
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Warren Valley Basin 66-606 TITLE: Recharge/Reuse Project	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: This phase consists of the construction of one water production well and three water quality monitoring wells.																												
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Yucca Valley, San Bernardino County, State of California																													
13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:																												
Start Date: Nov/2003 Ending Date: May/2004	a. Applicant: Congressman Jerry Lewis, District 40 b. Project: None																												
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>459,300</td> <td>.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>22,930</td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>482,230</td> <td>.00</td> </tr> </table>		a. Federal	\$	459,300	.00	b. Applicant	\$	22,930	.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	482,230	.00
a. Federal	\$	459,300	.00																										
b. Applicant	\$	22,930	.00																										
c. State	\$.00																										
d. Local	\$.00																										
e. Other	\$.00																										
f. Program Income	\$.00																										
g. TOTAL	\$	482,230	.00																										
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? Yes a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>September 18, 2003</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																													
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																													
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																													
a. Type Name of Authorized Representative Lee Pearl	b. Title General Manager																												
c. Telephone Number (760) 365-8333																													
d. Signature of Authorized Representative 	e. Date Signed 9-17-03																												

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED September 11, 2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: USDA - Forest Service, Klamath National Forest		Organizational Unit: Supervisor's Office	
Address (give city, county, State, and zip code): 1312 Fairlane Road, Yreka, Siskiyou County, California 96097		Name and telephone number of person to be contacted on matters involving this application (give area code) Alan Olson (530) 841-4417	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 47-16000000		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Federal Agency</u> </div> </div> <div style="text-align: right; margin-top: -20px;"> <input checked="" type="checkbox"/> N </div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: NOAA- National Marine Fisheries Service	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-463 TITLE: Habitat Conservation		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Lower South Fork Salmon River Restoration Project	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): So. Fork Salmon River watershed, Siskiyou Co., CA			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF: District 2	
Start Date 05/04	Ending Date 10/05	a. Applicant District 2	b. Project District 2
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 293,859 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>9/11/03</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 1,138,508 ⁰⁰		
c. State	\$ 1,190,760 ⁰⁰		
d. Local	\$ 0 ⁰⁰		
e. Other SRRC - non profit	\$ 45,911 ⁰⁰		
f. Program Income	\$ 0 ⁰⁰		
g. TOTAL	\$ 2,669,038 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Margaret J. Boland		b. Title Forest Supervisor	c. Telephone Number (530) 842-6131
d. Signature of Authorized Representative <i>Jan A. Ford Acting F.S.</i>		e. Date Signed 9/10/03	